



# Navy and Marine Corps Medical News



*A Public Affairs Publication of the Bureau of Medicine and Surgery*

**July 15, 2010**

## **MEDNEWS Items of Interest:**

**July marks "Navy Medicine's IA Support to Global Operations" Month** - During this month, we recognize the Individual Augmentee (IA) program and those who have deployed around the world in support of global operations. We also conduct all the expeditionary medical screenings of all Navy IAs to ensure a high state of readiness is maintained.

**- Navy Health Care on Facebook** — A Facebook page has been developed by Navy Recruiting Command to open a dialogue between Navy Medical Professionals and people interested in becoming a part of Navy Healthcare: [www.facebook.com/navyhealthcare](http://www.facebook.com/navyhealthcare)

**- Virtual Vietnam Memorial**— A new Web site has been developed that identifies every service member who died in Vietnam. The site allows visitors to locate service members by name or hometown. [www.virtualwall.org/States.htm](http://www.virtualwall.org/States.htm)

**Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, and follow us on Twitter @ Navy Medicine**

## ***Did You Know...***

Navy Medicine has over 1,100 medical personnel deployed. This includes Individual Augmentees (IA), Health Services Augmentation Program (HSAP) personnel, Naval Mobile Construction Battalion (NMCB) personnel, those serving at Expeditionary Medical Facilities (EMF), and shipboard assignments.

## **Warrior Transition Program Opens Decompression Tent to Welcome IAs**

**Mass Communication Specialist  
1st Class Christopher D. Blachly,  
U.S. Naval Forces, 5th Fleet  
Public Affairs**

CAMP ARIFJAN, KUWAIT - The Warrior Transition Program at Camp Arifjan, Kuwait, held a dedication ceremony opening the doors to the Cmdr. Charles "Keith" Springle Decompression Tent June 27.

The tent is the latest addition to the facility dedicated to welcoming the Navy's Individual Augmentee and Global War on Terror Support Assignment Sailors back to the fleet after serving their "boots on ground" tours throughout the 5th Fleet Area of Responsibility.

Named after Cmdr. Charles Springle, who was killed in May 2009 while deployed with the Army 55th Medical Company Combat

Stress Center in Iraq, the tent was designed as a place where redeploying Sailors can go to relax and unwind before returning home from their assignments.

"He (Springle) was one of the few Individual Augmentees that did not make it through the doors at the Warrior Transition Center," said Cmdr. Curtis Price, chaplain at WTP. "Additionally, as a social worker, he is an example of the caring professionals here at the Warrior Transition Program. His passion is our passion. The decompression tent is a natural extension of his life's work."

The first thing many sailors will see as they enter the tent is a life-sized photo printed on the opposite

*See WARRIOR, Page 3*



MUSA QUAL'EH DISTRICT CENTER, Afghanistan - U.S. Navy Hospitalman 2nd Class Nathan Keese, right, with 1st Battalion, 2nd Marine Regiment, Regimental Combat Team 2, treats an Afghan teenager after he was wounded by an insurgent-placed improvised explosive device that detonated near Karimanda, Afghanistan, June 26, 2010. (U.S. Marine Corps photo by Sgt. Sean Baldwin/Released)

## Navy Medicine's IA Support to Global Operations

Our Navy has existed since our Nation's founding. For 234 years, Navy Medicine has been there as well, through times of war, times of relative peace, and times when our Navy was called to help others in need. From deploying doctors, nurses, and corpsmen to the battlefield, to responding to humanitarian disaster, the men and women of Navy Medicine support a wide range of missions all across the world, while at the same time taking care of our Sailors and Marines and their families here at home.

This month I'd like to focus on the Individual Augmentee (IA) program and those who have deployed across the world in support of global operations. Not only have we deployed hundreds of doctors, nurses, corpsman, and mental health care providers annually as Individual Augmentees, we also conduct all the expeditionary medical screenings of all Navy IAs to ensure a high state of readiness is maintained.

Many of our Navy Medicine personnel have deployed as IAs in support of operations in the U.S. Central Command area of responsibility in countries such as Iraq, Afghanistan, Kuwait, and

Bahrain, but many others are serving throughout Africa and elsewhere around the globe. These contributions exemplify that the Navy is truly a "Global Force for Good."

Here at home, the work being done at our 17 Deployment Health Centers (DHC) located throughout the United States is critical in providing support to the IA Sailor and their families, through all four stages of the IA Continuum to include pre- and post-deployment health assessments and family readiness assistance and referral.

Most Navy IAs are coming from their ships, submarines, or aircraft squadrons and find that field conditions is a new experience.

***"While we take great pride in providing care for the war-fighter, we must ensure we take care of our Navy Medicine IAs as well."***

Boots on the ground duty in a war zone is a radical sea change from what most are used to and it can be a very stressful environment. That is why Navy Medicine's role in operational stress control and helping build resiliency is so crucial to the success and survival of IAs in a combat zone. We help prepare IAs for arduous duty and are there to help them deal with stress if needed while they are conducting their tour in theater.

While we take great pride in providing care for the warfighter, we must ensure we take care of our Navy Medicine IAs as well. Many go from conducting routine EMT training here in the States to performing emergency medevac surgery in Afghanistan. Preserving the psychological health of service members and their families is




**Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General, (Quy  
Nhon, Vietnam)**


one of the great challenges facing military leaders today. These missions have many identifiable stressors ranging from daily hassles to extreme trauma. Out of all of these stressors it is important for leaders to be mindful of this and watch for signs that someone may need some help. We must ensure that we have each others' backs and make sure we are there for one another when needed.

Make no mistake about it, these are life changing and career defining tours for all who deploy. The work that IAs perform impacts more than just the IA Sailor. IAs are saving, healing, and enriching lives and livelihoods. Their work has lasting impact, not only to the local populace but with our sister services who now rely on Navy IAs for vital support to global operations.

You are also doing your part to help our brave men and women in harm's way. You are saving countless lives and helping enrich the lives of many others around the world. As you work hard, please continue to and stay safe. It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all thank you for your service.



**Navy and Marine Corps  
Medical News**



**Navy Bureau of Medicine and Surgery**

**Vice Adm. Adam M. Robinson, Jr.**  
U.S. Navy Surgeon General

**Cmdr. Cappy Surette**  
Public Affairs Officer

**Valerie A. Kremer**  
MEDNEWS Managing Editor

**Bureau of Medicine and Surgery**  
2300 E Street NW  
Washington, DC 20372-5300

**Public Affairs Office**  
Phone: 202-762-3160  
Fax: 202-762-1705



# Portsmouth Corpsman Returns from IA Deployment as a Patient

By MC2 Riza Caparros and Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs

NAVAL MEDICAL CENTER PORTSMOUTH, Va. - For a year and a half, Hospital Corpsman Seaman Angelo Anderson worked in the Infectious Disease Clinic at Naval Medical Center Portsmouth. Little did he expect when he deployed to Afghanistan as an individual augmentee that he would return to the medical center as a patient.

Anderson, 21, now rests somewhat comfortably in his hospital bed. Just days ago, he was on the other side of the world in Helmand Province. Then on July 2, he was shot twice, and his injuries serious enough to warrant his return home. He was airlifted to Camp Dwyer, then to Landstuhl, Germany, on to Andrews Air Force Base and ultimately to Portsmouth. Transfusions, wound care, physical therapy, and family and friends are aiding in his recovery.

Anderson arrived at NMCP in October 2008 and soon began talking to Senior Chief Corpsman Woodie J. Wunstell, senior enlisted leader for Department of Medical Services, about deploying. Wunstell had served with the 3<sup>rd</sup> Battalion, 6<sup>th</sup> Marines in Afghanistan and was happy to share his experiences with Anderson.

"He was a superstar. He was Sailor of the Quarter for the fourth quarter. He only wanted to deploy," Wunstell said.

An IA slot came up earlier this year and Anderson left to train at Camp Lejeune, N.C. He arrived at his assignment with the 3/6 in Helmand Province, Afghanistan, in March. Soon after, he transitioned to the duties of a line corpsman and accompanied U.S. Marines and Afghan National Army soldiers on foot patrols throughout the province.



NAVAL MEDICAL CENTER PORTSMOUTH, Va.— Hospital Corpsman Angelo Anderson, left, is pinned his Fleet Marine Force Warfare Insignia by Senior Chief Corpsman Woodie J. Wunstell, right, senior enlisted leader for Department of Medical Services. Anderson earned his Fleet Marine Force (FMF) pin while deployed to Afghanistan and is back at NMCP as a patient after sustaining injuries while on patrol July 2. ( U.S. Navy photo by MC2 Riza Caparros/Released).

Anderson recalled the day of his injury. "The patrol that day was smooth. We had been walking quite a ways and nothing happened. Things were pretty quiet in the area lately and we had gone out with the intentions to talk to the locals and make sure they were benefiting with our presence there, and to see what more we can do to help."

Out of nowhere, the patrol came under attack. Anderson was shot – once in the shoulder and once in the thigh. He

*See PORTSMOUTH, Page 4*

## WARRIOR

*From page 1*

wall of a homecoming celebration for the guided-missile destroyer USS Gonzalez as the ship draws close to the pier.

According to Price, the image was selected because the mindset during a homecoming celebration is what the WTP staff wants the redeploying sailors to feel. They are close to the pier, and almost finished.

"By the time our redeploying Sailors arrive here in Kuwait, they are a mere plane ride away from home," Price said. "Our desire is for them to experience the beginning of a stress-free homecoming."

To facilitate that, the decompression tent has a 35-seat theater,

10 computers, five SPAWAR Internet phones, an eight-seat inter-linked gaming center, a large screen television, and various other items that Sailors can enjoy like books on tape and board games.

"It's designed to help Sailors take their minds off the arduous duty that they've done in theater and to help put them in the mind-frame of going home," said Chief Petty Officer Maemarie Josafat, boatswain's mate and leading chief petty officer of WTP. "WTP is not about the decompression tent. It's about the sailor, and getting them home."

The mission and mindset of WTP is the sailor, but the day was all about opening the tent. Following the ribbon cutting ceremony, guests were treated to a tour, including a

presentation in the tent's theater highlighting the construction of the facility, which began in 2009.

"MWR Bahrain provided all of the couches, movies, books on tape, and X-Boxes," Price said. "The Seabees from Camp Moreell built the stadium seating in the theater."

Also present at the dedication ceremony were Petty Officer 3rd Class Raymond McKnight, personnel specialist, and Rear Adm. Charles M. Gaouette, deputy commander, U.S. Naval Forces Central Command.

The decompression tent will be open 24 hours a day for redeploying sailors, and is the first of a plan of improvements, including a covered garden area, designed with one thing in mind - the sailor coming home.

# Navy Master Chief Helps Staff Beat the Heat in Kuwait

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash.—The heat index reading outside Hospital Corpsman Master Chief Tom Countryman's office at Expeditionary Medical Facility Kuwait has already soared past 100 degrees. And it's just coming up on 7 a.m.

As EMF Kuwait's Command Master Chief, Countryman is currently midway through a year-long Individual Augmentee deployment from Naval Hospital Bremerton, makes sure his enlisted personnel are safely handling the summer swelter of the Arabian Peninsula. The command's doctors, nurses, hospital corpsmen and support staff can little afford to lose any staff member to a heat-related ailment. It might be hot in Kuwait, but figuratively speaking, it's still a lot hotter across the border in Iraq.

"What we do is vital. The medical services we give our troops are very important because we are providing outstanding patient care for our war fighters," stated Countryman, who admits the heat and sand can and do take a toll on those stationed at EMF Kuwait. "But regardless, we have made the working environment the best it can be for making sure that every patient we see gets the best treatment we can provide and that we are also taking care of our caregivers."

EXPEDITIONARY MEDICAL FACILITY, Kuwait—Hospital Corpsman (back) Master Chief Tom Countryman, currently forward deployed as an Individual Augmentee to EMF Kuwait as Command Master Chief, discusses manning issues and pending plans with EMF Kuwait staff members during a recent meeting. (Official Navy photo by MC1 (AW) Christopher D. Blachly, EMF-K Public Affairs)



EMF Kuwait supports the Navy Central Command (CENTCOM) ground missions into Iraq, Afghanistan and also ashore into the Arabian Gulf, Indian Ocean and Gulf of Aden. There are still approximately 90,000 American troops currently serving just north in Iraq. That figure is expected to draw down to near 50,000 by the end of August.

Although the ongoing war in Afghanistan and Operation Enduring Freedom have claimed the majority of headlines (according to statistics compiled by Harpers Magazine, there has been 14 minutes of coverage on the Iraq war by network television programmers in 2010), and Operation Iraqi Freedom will officially shift to Operation New Dawn on Sept 1, 2010, there is still a vital need for medical care from the men and women of EMF Kuwait.

"We deal with all sorts of ail-

ments from orthopedic concerns to internal medicine needs to on-base accidents and injuries to Medical Evacuated (MEDEVAC) casualties from Iraq," said Countryman. Even the surrounding desert of Kuwait is not a barren wasteland. Scorpion stings and even sand flies carrying leishmaniasis have been known to inflict unsuspecting troops. The landscape of Iraq is still a war zone in many areas. There is unexploded ordnance scattered seemingly everywhere. Improvised Explosive Devices (IEDs) are a continued threat, as is gunfire exchange with insurgents.

"We continue to provide urgent and emergent expeditionary medicine and primary care, as well as combat force health sustainment," Countryman explained. "That's our main mission."

See COUNTRYMAN, Page 6

## PORTSMOUTH

From Page 3

was soon medevaced out of the region, and on his way back to Portsmouth nearly two months before his deployment was scheduled to end.

"July 2<sup>nd</sup> my life changed forever," said Angela Anderson, his mother. "I got the call and immediately planned to go to him."

She left her home in Georgia and arrived at NMCP on July 8. She is staying at the Fisher House, the command's home away from home for the families of seriously ill or injured patients receiving

treatment at the medical center.

"I am a strong mom," she continued. "I will be his back bone, his brain, everything he needs me to be and I will pray next to him and with him while he is recovering so he may hopefully one day have a full life again."

While acknowledging that the quality of care is always top notch at Portsmouth, Anderson added that everyone at the medical center has been beyond helpful.

"I haven't wanted or needed for anything," he said.

Mom agreed. "All he has to do is breathe," she said with a chuckle.

Wunstell added, "I've talked to him every day since he's been

back. He's doing extremely well under the circumstances. He's definitely a dedicated and mature 21 year old. I think he'll do great."

While in Afghanistan, Anderson earned the Fleet Marine Force Warfare Insignia, a military badge issued to naval personnel who are trained and qualified to perform duties in support of the United States Marine Corps Wunstell pinned Anderson July 9 in a ceremony held in the ward where he is recuperating. He was surrounded by family, friends and co-workers. Even his brother, Dré, stationed with the Air Force in California, skyped in for the ceremony.



## Navy Support Command 'Bug Man' Returns from Afghanistan

By MC1(SW) Arthur N. De La Cruz, Navy Medicine Support Command Public Affairs

JACKSONVILLE, Fla. – Navy Medicine Support Command's (NMSC) resident 'Bug Man' and Operations Directorate Deputy Chief of Staff, Cmdr. Steven E. Rankin, MSC, returned from an individual augmentee (IA) tour to Afghanistan May 21.

Rankin was stationed at Bagram Airfield, Afghanistan, and assigned to the Cooperative Medical Assistance (CMA) unit attached to the U.S. Forces-Afghanistan (USFOR-A) Surgeon's Command 30th Medical Command in support of a specialized and unique mission.

"I wore three hats while in Afghanistan," said the Navy entomologist. "I was the Theater Entomologist, the CMA Entomologist and the CMA officer in charge (OIC)."

As Theater Entomologist for the USFOR-A Surgeon's Office, he was responsible for theater-wide oversight of all U.S. military vector and pest control programs in support of force health protection.

"I provided theater guidance and direction where needed to the four regional entomologists and the pest control contractors," explained Rankin. "I reviewed regional reports and was an entomologist consultant, and directly supported vector and pest control programs when, and where, it was needed."

As the CMA Entomologist, Rankin managed and supported entomology programs for Civil Affairs Stability Operations in three major areas: public health, veterinarian and with agricultural crop pests.

Lastly, "I took over as the CMA OIC after my predecessor redeployed," said Rankin. "The CMA was



AFGHANISTAN - Navy Medicine Support Command's Cmdr. Steven E. Rankin locates and collects Mosquito Fish (*Gambusia affinis*) introduced to the region by the World Health Organization in 1973 as a sustainable, low cost and environmentally friendly mosquito control method. (Photo courtesy of Cmdr. Steven E. Rankin/Released)

an enabling unit. We provided educational tools and resources that enabled both Coalition forces and local nationals to provide sustainable educational programs and resources to enhance and improve health sector development both in capacity and capability. We were geared toward programs that would still be viable after we left. We put in place small steps that cumulatively helped climb a steep mountain of medical and agricultural gaps or deficiencies."

But, according to Rankin, the greatest challenges were spearheading a major evolution in medical civil military operations and getting that change into motion before it was signed off as doctrine.

"We were the tactical piece working for the strategic headquarters," said Rankin. "Most of what we did was evolving and developing on the scene, more of a Marine Corps model than Army or Air Force. As units saw the effectiveness and logic behind the changes we implemented, getting the civil affairs units, provincial reconstruction teams, agribusiness development teams and other security forces units to adopt the new concepts, and extra efforts to make the programs truly sustainable were much easier to achieve."

But Rankin said the constant turn-over of units often made this more difficult as it meant constant re-education. Though only in-theater for six months and three weeks, Rankin adopted a profound perspective.

"Nothing beats the reality of being on the ground, no matter how much you prepare and study," he said. "I expected greater animosity from the Afghan people, but found that most were just grateful we were there to help."

### Medical Education Training Center Opens It's Doors in Texas

By Steve Elliott, Ft. Sam Houston Public Affairs

FT. SAM HOUSTON, Texas – The future of enlisted military medical training arrived at Fort Sam Houston in a big way June 30 with a ribbon-cutting ceremony marking the opening of the sprawling Medical Education Training Campus.

Making history as the world's largest military medical and training institution, METC entered into its initial operating capability with the ceremony. The first course, Radiography Specialist, actually began in April. Other courses will be phased in during the summer and fall.

The campus will have more than 24,500 students annually with an average daily student load of approximately 8,000. By service, student breakdown includes approximately 45 percent Army, 31 percent Navy and 24 percent Air Force.

**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.**

## Naval Medical Research Team Partners to Combat Malaria

**By Doris Ryan, Naval Medical Research Center Public Affairs**

LIMA, Peru – The U.S. Naval Medical Research Center Detachment (NMRCD) joins a consortium of institutions from Peru, Brazil and the United States to develop a center of excellence for malaria research that will work towards the control and eventual eradication of malaria from the Amazon region.

"The contributions of NMRCD to determine the incidence of *vivax* malaria in the study sites in Peru and Brazil will be a key complement to Navy Medicine research and development efforts to develop and test candidate *vivax* malaria vaccines in the future," said Capt. Richard L. Haberberger Jr., the Commanding Officer of the Naval Medical Research Center. "This will be an important step forward for malaria

research and will eventually contribute to the overall health of deployed sailors and Marines. This is why it is vital we maintain forward-deployed labs like NMRCD where there is a focus on force health protection, research and development, and public health diplomacy. "

This Center of Excellence is supported by a seven-year, \$9.2 million grant from the U.S. National Institutes of Health (NIH), and the principal investigator is Dr. Joseph Vinetz from the University of California at San Diego. NMRCD's Parasitology and Entomology programs will have integral roles in field and laboratory activities leading to the determination of malaria incidence rates, parasite genotyping, monitoring drug resistance and the determination of which mosquitoes are transmitting malaria in this area. NMRCD will be responsible for

managing the Madre de Dios, Peru site, and will collaborate on activities in Iquitos, Peru, two of the three study locations of the center.

"NMRCD will also be responsible for the Data Management component of the program and capacity building efforts, standardizing and enhancing data processing and analysis, as well as assisting host-country partners to improve their ability to conduct malaria research as part of the center and utilize research findings for policy and program development," said Lt. Paul Graf, Head of the Parasitology Department.

Dr. Andres G. Lescano, the Deputy Head of the Parasitology Department and Director of Public Health Training at NMRCD, will lead the Data Management Core

*See RESEARCH, Page 7*

## COUNTRYMAN

*From Page 4*

As a Level III hospital, EMF Kuwait does not have a full range of medical specialists, but does such vital clinical providers and resources for emergency room needs, surgery requirements, Intensive Care calls and vital laboratory and blood bank concerns.

During Countryman's tenure, EMF Kuwait has increased their effectiveness and efficiency by combining with Kuwait Naval Base and the Navy Expeditionary Logistics and Support Group (NAVELSG) that conducts customs inspections in support of military operations in Kuwait, Iraq and Afghanistan and supports the Navy's Expeditionary Combat Readiness Center Warrior Transition Program in Kuwait.

According to Countryman, at several outlying camps, Navy Medicine assets are also being merged with Army and Air Force units. "The joint force cooperation really gives us an incredible amount of flexibility as well as additional ability to get ready to deal with the expected and responsible drawdown of forces from Iraq," he said. "Our overall goal is to be able to handle the influx of thousands of troops with just a barely noticeable impact on our clinics. Our docs, nurses, support staff and especially hospital corpsmen are just tremendous. I couldn't be prouder of them all. The individual effort that has come together as a team makes what we do here a lot easier and of course a lot safer and smoother for those in need of our medical care."

In addition, Countryman, raised in the mountains of Montana, has found himself at sea level in Kuwait City, helping to foster and increase the working relationship between the US military medical system and the Kuwait Ministry of Health system. "The landscape from where I was born and where I live now in Port Orchard, Wash. is vastly different than here, but we are doing is essentially the same," noted Countryman. "We're Navy Medicine, and by teaming up with our civilian counterparts here, we have given ourselves increased access to Kuwaiti medical facilities, and have also tested the linkup with the TRICARE Global Overseas Remote, which of course gives us much better communication access and makes us connected world-wide."

"Now that we're past the halfway point for this deployment, it hasn't meant that our work load has gotten any easier, and it doesn't mean we can just stop doing what needs to be done," continued Countryman.

"One of the goals I remind our Sailors is to continue to get better than they were when they came here. That doesn't just apply to the care we provide, although we all can become better care providers, through education and training, and learning from our peers, but each of us can use their time here in Kuwait to become better citizens and to become better Sailors."

"My primary personal goal is the same as any other CMC that has ever been on deployment and that is to take care of my troops and get every one of them home safely," said Countryman. "That goes double for our patients."

Even if it means dealing the triple-digit heat and ever-present sand.

## Pacific Partnership 2010

KAMPONG CHAM, Cambodia—Lt. Cmdr. Dorey Harlan, a pediatrician assigned to the Military Sealift Command hospital ship USNS Mercy (T-AH 19), examines a child during a medical community service event at the Damril Clinic in Kampong Cham, Cambodia June 24. Mercy is in Cambodia supporting Pacific Partnership, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. (U.S. Navy photo by Mass Communication Specialist 2nd Class Jon Husman/Released)



## RESEARCH

From Page 6

and Training component of the program. Along with Lt. Graf; Lt. Kirk Mundal, Head of the Entomology Department, will be in charge of human and vector interaction studies in Madre de Dios and they will also support activities in the other sites.

"This award and the partnership with world-class research centers in South America and the U.S. confirm the caliber of the work conducted in U.S. overseas research centers such as NMRCDC. This Center will develop a new generation of malaria researchers and will create important opportunities for the advancement of Navy Medicine research," said Cdr. John W. Sanders, the Officer in Charge of NMRCDC.

The award for this Amazon region Center of Excellence in Malaria Research was one of 10 grants announced, July 8, 2010, by the U.S. National Institute of Allergy and Infectious Diseases

(NIAID) of the NIH. A key component of this initiative will be to increase the research and public health capacity in the participating countries, providing training for students and researchers, and engaging eminent scientists and physicians from Peru, Brazil and the United States.

Malaria is a parasitic disease caused by a single-celled protozoan, transmitted to humans through the bite of the *Anopheles* mosquito, which serves as the vector for the parasite, incubating it and carrying it from human to human. Symptoms of the disease include fever, chills, headache and vomiting. Malaria represents a major threat to international travelers and historically has been the main health risk for deployed US military forces. *Plasmodium vivax* causes the most malaria infections worldwide, and although it doesn't usually causes severe disease like *Plasmodium falciparum* malaria, still represents a significant source of serious illness.

In fact, more person-days were lost among U.S. military personnel

due to malaria than to bullets during every military campaign fought in malaria-endemic regions during the 20th century. Currently, malaria is present in operationally important countries such as Iraq, Afghanistan and Korea, said Sanders.

Hosted by the Peruvian Navy and located at their flagship hospital in Lima, NMRCDC conducts research on and participates in surveillance efforts of a wide range of infectious diseases that threaten military operations and the public health in the region. They include malaria and dengue fever, yellow fever, influenza and other respiratory pathogens, leishmaniasis, and enteric diseases such as shigellosis and typhoid fever. Since its inception in 1983, the laboratory has capitalized on its access to infectious disease threats endemic to South America through strong institutional partnerships. Scientific departments at NMRCDC engage more than two dozen institutions in ten South American nations.

To keep up with Navy Medicine news and daily updates follow us on...

facebook

twitter



## From a Support Role to the Front Line

By Lt. Holly Lee, Bureau of Medicine and Surgery, Public Affairs

Navy Medicine's Command Individual Augmentee (IA) Coordinator Program (CIAC) was created to ensure Navy Commands meet all IA pre- and post- deployment requirements; to support Sailors and their families throughout the IA continuum; and to improve the IA process throughout the Navy.

The CIAC program is part of a larger Navy-wide effort to develop and implement improved processes for recording readiness data and the selection, screening, and preparation of personnel for deployment.

CIACs act as mentors, advocates and the main support for IA service members and families in all phases of deployments. CIACs also ensure return, reintegration, and reunion processes are smooth and Post Deployment Health Re-assessments (PDHRA) (up to 180 days) are completed according to guidelines.

Recently one of Navy Medicine's own CIACs, Lt. Justin Campbell, returned from his second deployment to Afghanistan. From Dec. 2009 until June 2010, Campbell was deployed to various locations in Afghanistan. His mission was to conduct the 4th Behavioral Health Needs Assessment (BHNA) of IA Sailors. In addition to surveying the mental health needs of IA Sailors, he was called upon to provide consultation to Navy and International Security Assistance Force (ISAF) forces regarding a wide-range of mental health issues.

Campbell stated that his deployment was a positive experience because it utilized all of his inter-disciplinary skills: counseling, psychology, research, industrial and organizational psychology, joint professional military education, Plans, Operations and Medical Intelligence (POMI), and aerospace psychology.

"It is very rewarding to see all

AFGHANISTAN—  
Lt. Justin Campbell  
(Left) recently returned  
from deployment to  
various locations in  
Afghanistan where he  
conducted the 4th  
Behavioral Health As-  
sessment of individual  
augmentee Sailors.  
(Courtesy photo)



the training and experiences put to use, especially during those times when I felt like I was helping Shipmates" he said.

During his tour there were three major attacks and he was one of only a few people who experienced two of them. As Campbell reflected back on the attacks, he began to describe his thoughts and feelings of what happened;

"In each case, I had the opportunity to see Navy Medicine at its finest. In one case, it was the freshly minted flight surgeon who suddenly found his self rising to the challenge to defend his post and treat mass casualties in a place and time where no one would have expected such an attack. The second occasion was during a mass casualty event at the Navy led Role 3 Hospital in Kandahar. Despite an on-going attack and a massive influx of wounded from both the Forward Operating Base (FOB) and med-evac helos; doctors, nurses, PAs, corpsmen, even psychologists, all worked together in what appeared to be a well rehearsed symphony. The professionalism and cool precision of the ER, amidst what most would consider chaos, truly made me proud to be part of Navy Medicine."

Despite this being his second deployment, Campbell has contin-

ued to learn more about himself and his views on life.

"More than anything else, it [the deployment] renewed my appreciation for what matters most in one's life: people. Those Shipmates, friends, and family who took the time to write, send a care package, or show-up to the airport early in the morning. I feel an enhanced need to focus on human relationships, for in the end or in desperate times, those relationships seem to come to the fore," said Campbell.

As Campbell settles back into the comforts of home, he never forgets the men and women he has been privileged to service with. Above all, he seems most impressed by the corpsmen that were by his side.

"I would like to ask whoever is reading this to pause just a few seconds, and think about the many corpsmen who are every day risking or have already given their lives during GWOT in the name of Navy Medicine. Right now, somewhere, there is a corpsman out there on patrol or standing duty, ready to risk their life to save others. I constantly question whether I am doing enough to honor their sacrifice through my actions and in my current job. Navy corpsmen set the bar when it comes honor, courage, and commitment."

**Would you like to share your deployment story with MEDNEWS?**

**Contact Lt. Holly Lee at  
202-762-3773 or [holly.lee@med.navy.mil](mailto:holly.lee@med.navy.mil)**